Name in Full: Richard G. Allsop

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A.A.

Date of death: 1904 — Month: April — Day: 14th — Age: Years: 16 — Months: 11 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Mack Allsop — Father's Birthplace: Annapolis

Mother's Maiden Name: Julia Allsop — Mother's Birthplace:

Name of person giving information: Mother — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8801G

Name in Full: Nelson Basil

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Md. County: Anne Arundel

Date of death 1904: Month: April; Day: 13; Age: Years: 75; Months: 6; Days:

Sex: Male; Color or Race: White; Birthplace: Annapolis

Married, Single or Widowed: Married; Occupation: Merchant

Name of Wife or Husband: Margret Dorsey

Father's Name: John Basil; Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Delina Basil; Mother's Birthplace: Talbert Co

Name of person giving information: Rose Brink; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: 6 mos.

Immediate: Exhaustion; How long: 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Clement Claude M.D.

Address: 9 St. John St. Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William Brice

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis' — County: Anne Arundel

Date of death 1904: Month: April — Day: 17 — Years: 56 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Annapolis'

Married, Single or Widowed: Widower — Occupation: Painter

Name of Wife or Husband: —

Father's Name: William Brice — Father's Birthplace: A A Co

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Samuel Brice — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonites — How long: About one wk.

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? as far as I know.

Signature of Physician: F. H. Thompson M.D.

Address: 193 Church St. Annapolis, Md.

~~Accident or~~ Suicide?

LIBRARY BUREAU A88516

Name in Full: Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Laurel — County: Anne Arundel

Date of death: Month: 4 — Day: 6 — Age: Years: — Months: — Days: 3

Sex: — Color or Race: Negro — Birthplace: Laurel

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Kate Brooks — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long

Immediate: Faulty Heart Action — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. R. Hunter

Address: Laurel Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Richard Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1904 — Month: April — Day: 6

Age — Years: — Months: 2 — Days: 26

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: George Brown — Father's Birthplace: Annapolis

Mother's Maiden Name: Lizzie Lane — Mother's Birthplace: A. A. Co Md

Name of person giving information: George Brown — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus Probably — How long: 2 months

Immediate: Convulsions — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU A83516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Rosie Brown

Died at: Town: Annapolis — County: Ant

Date of death 1904: Month: April — Day: 2nd — Age: Years: 48 yrs — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Virginia

Married, Single or Widowed: ~~Married~~ Widowed — Occupation: Cook

Name of Wife or Husband: Charles Brown

Father's Name: Spencer Vace — Father's Birthplace: Virginia

Mother's Maiden Name: Jennie Vace — Mother's Birthplace: Virginia

Name of person giving information: Irene Brown — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza + — How long: Several

Immediate: Nephritis — How long: weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Hayner Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: 3rd Dist. Town; A.A. County

Date of death: 1907 April 27 (Month, Day)

Age: 45 Years; Months; Days

Sex: Male

Color or Race: Wh: Le

Birthplace: Prince George Co Md

Occupation: Farmer

Where Residing if not at place of death: 3rd dist Aals Md.

Married, ~~Single or Widower~~: Name of Wife or Husband: Henrietta Brown

Father's Name: James Brown; Father's Birthplace: Md

Mother's Maiden Name: ; Mother's Birthplace: Md

Name of person giving information: T. H. Brown; How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 18 Months

Immediate: Cardiac Failure; How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno. M. Hayes M.D.

Address: Rwell P.O. Aalco Md

Accident or Suicide?

LIBRARY BUREAU A03518

Name in Full: Matilda Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: 1904 — Month: April — Day: 22

Age: Years: 30 — Months: — Days:

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation: Housework

Where Residing if not at place of death:

Married, ~~Single or Widowed~~

Name ~~of Wife or~~ Husband: of Edward Carr

Father's Name: John Moby

Father's Birthplace: M'd. Co.

Mother's Maiden Name: Dent Tyson

Mother's Birthplace: A.A. Co.

Name of person giving In formation: James Stewart

How related to deceased: Acquaintance

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably Heart Disease — How long: 1 hour

Immediate: Heart Disease. — How long:

Are the name, age, sex, color, date and place correctly given above? As far as I know

Signature of Physician: F. H. Thompson M.D.

Address: 193 Church St. Annapolis Md.

~~Accident or Suicide?~~

LIBRARY BUREAU ABU516

Name in Full: Basil Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bristol — County: Anne Arundel

Date of death: Month: April — Day: 4 — 1904

Age: Years: 58 — Months: — Days: —

Sex: male — Color or Race: black — Birthplace: Md.

Occupation: Cook — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: E. O. Ulrich — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: Very Sudden

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A886-16

Name in Full: Rachel Chambers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A A

Date of death: Month: April — Day: 13th — 1904

Age: Years: 71 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A A Co

Occupation: Midwife — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Austin Chambers

Father's Name: Daniel Stepney — Father's Birthplace: A A Co

Mother's ~~Maiden~~ Name: Dorcas Stepney — Mother's Birthplace: A A Co

Name of person giving information: Husband — How related to deceased: [illegible]

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of the breast — How long

Immediate: Exhaustion — How long: Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY MUSEAJ AA0616

Name in Full: Richard Chaney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: A. A —

Date of death: Month: Apr. — Day: 15 — Year: 1904

Age: Years: 11 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: A. A. Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Van Chaney — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Annie Bullen — Mother's Birthplace: Kent Co. "

Name of person giving Imformation: Van Chaney — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: 4 mos.

Immediate: Exhaustion — How long:

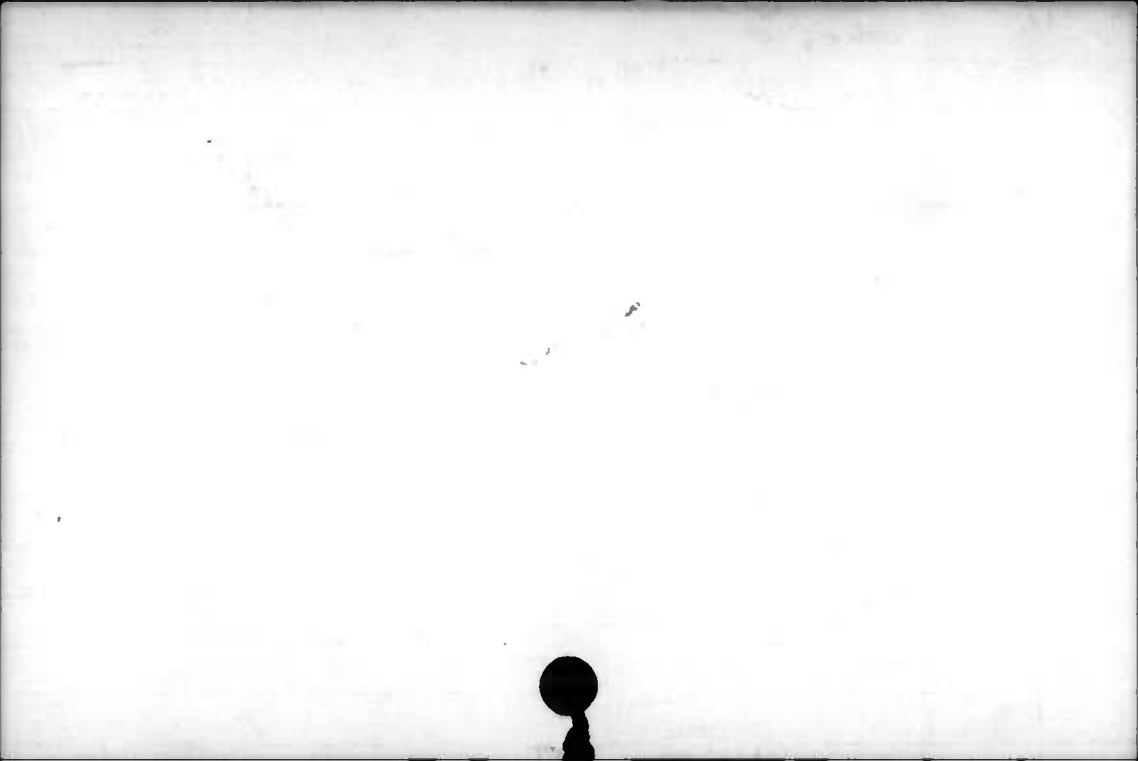
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. B. Gantt

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU A6U316



Name in Full: Robert Murray Cheston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Harwood — County: Anne Arundel

Date of death: 1907 April 10 — Age: 66 Years — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Harwood

Occupation: Farmer — Where Residing if not at place of death: Harwood

Married, Single or Widowed: Married — Name of Wife or Husband: R Murray Cheston

Father's Name: James Cheston — Father's Birthplace: Baltimore

Mother's Maiden Name: Sallie Murray — Mother's Birthplace: Cumberstine

Name of person giving information: Mrs Mamie Talbert — How related to deceased: nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 3 days

Immediate: Pneumonia — How long: 3 1/2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G W Latimer

Address: West River Md

Accident or Suicide? Neither

LIBRARY BUREAU A88815

CERTIFICATE OF DEATH

Name in Full Rachel Ann Claude

MARYLAND

Died at Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: April — Day: 8 — Age: Years 75 — Months 4 — Days 9

Sex: Female — Color or Race: White — Birthplace: Annapolis, Md

Married, Single or Widowed: Widowed — Occupation: ———

Name of Wife or Husband: Abram Claude

Father's Name: Washington Greene Duvall — Father's Birthplace: Annapolis -

Mother's Maiden Name: Rachel Smith Whittington — Mother's Birthplace: Calvert Co -

Name of person giving information: D. Clement Claude — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 8 hours

Immediate: Cerebral Compression — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Clement Claude M.D.

Address: 9 St. John St. Annapolis, Md

Accident or Suicide? ———

LIBRARY BUREAU A88518

Name in Full

Eva Cook

Certificate of Death

Town: Harmans County: Anne Arundel Co MARYLAND

Died Nov Month: April Day: 16 1904

Age: Y. 2 M. 10 D.

Native of: Maryland

Occupation: none

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name: Abahom Cook

Mother's Name: Dilonia Cook

Cause of Death — Primary: Influenza

How long sick: 2 weeks

Immediate: Pneumonia & Meningitis

~~Accident Suicide Homicide~~

Reported by: Arthur Williams

Address: Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FB988

Name in Full: Warren In Crandell

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Chesapiake Bay — County: Anne Arundel

Date of death: Month: April — Day: 11 — 1904

Age: Years: 24 — Months: 3 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Shady Side

Occupation: Oysterman — Where Residing if not at place of death: .. ..

Married, Single or Widowed: Married — Name of Wife or Husband: Elizebeth Crandell

Father's Name: James H. Crandell — Father's Birthplace: Shady Side

Mother's Maiden Name: Mary E. Smith — Mother's Birthplace: Shady Side

Name of person giving Imformation: Packard Pratt — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident-by drowning — How long:

Immediate: immediate — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Weems M.D.

Address: Shady Side. Md

Accident or Suicide? Accident

LIBRARY BUREAU A88318

Name in Full — Certificate of Death

Mary A. Donaldson

Died at (Town) Near Laurel. (County) Anne Arundel MARYLAND

Date 1904 — Month: Apr. — Day: 15 — Age: Y. 72 M. yrs. D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 8

Husband of Wife: Wm. H. Donaldson

Father's Name: John Simms — Mother's Maiden Name: Rebecca Simms

Cause of Death — Primary: Chronic Kidney — How long sick:

Immediate: [illegible] — Accident, Suicide, Homicide

Reported by: Dr. H. Ryerly

Address: Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 76803

Name in Full: Addey. Dennard

CERTIFICATE OF DEATH

MARYLAND

Died at 2[illegible] Town | County Anne Arundel

Date of death 190[illegible] | Month April | Day 12. | Age: Years | Months 8 | Days

Sex Female | Color or Race White | Birthplace A. A. Co

Married, Single or Widowed | Occupation

Name of Wife or Husband

Father's Name C. Milton Dennard | Father's Birthplace A. A. Co

Mother's Maiden Name Margaret E. Downes | Mother's Birthplace A. A. Co

Name of person giving Information C. M. Dennard | How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Marasmus | How long 6 months

Immediate Exhaustion | How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm S Welch

Address Annapolis

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full — Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death — Month: April — Day: 12th — Years — Months — Days

Age

Sex: Female — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John Lb Fisher — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Winterlie — Mother's Birthplace: Annapolis

Name of person giving Information: Father — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6S3G

Name in Full: Lewis M Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Drake County: G. A.

Date of death: Month: Apr Day: 19 Year: 1904

Age: Years: 72 Months: Days:

Sex: Male Color or Race: White Birthplace: A. A. Co. Md

Occupation: Oysterman Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Cannot get names of parents How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of face How long: 10 years

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T. Bruce

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eliza Gordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: Month: April — Day: 27 — 1904

Age: Years: 77 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A.A.Co.

Occupation: Housework — Where Residing if not at place of death: 12 Caroll Alley

Married, Single or Widowed: Widow — Name of Wife or Husband: Edward Gordon

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Wm Fadrick — How related to deceased: Son Inlaw

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis Senility — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU Add316

Name in Full: Mary Mc Gowan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: April — Day: 3rd — Age: Years 1, Months 8, Days

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Callie Mc Gowan — Father's Birthplace: City

Mother's Maiden Name: Geanie Green — Mother's Birthplace: City.

Name of person giving Information: Mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret L. Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: April — Day: 30 — Age — Years: 52 — Months: 2 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Baltimore Md.

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Louis Green

Father's Name: Richard Isaac — Father's Birthplace: Prince Geo. Co. Md.

Mother's Maiden Name: Catharine A. Turner — Mother's Birthplace: Prince Geo. Co.

Name of person giving information: George F. Zwaid — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Erysipelas — How long: 6 days

Immediate: Blood Poison — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Wells M.D.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Charles Herbert Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millersville County: Anne Arundel

Date of death: Month: April Day: 21 Years: 1904 Age: Months: 1 Days: 8

Sex: male Color or Race: African Birthplace: Anne Arundel

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Herbert Green Father's Birthplace: Anne Arundel

Mother's Maiden Name: Harriet Pfarrow Mother's Birthplace:

Name of person giving information: Herbert Green How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Convulsions How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Brayshaw

Address: Glen Burnie, Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full: Frank Edward Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Greenock — County: Anne Arundel

Date of death 1907 — Month: Apr. — Day: 8 — Age — Years: 0 — Months: 11 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Jane Evans — Mother's Birthplace: Md.

Name of person giving In formation: Joseph Shepherd — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric-Colitis — How long: 3 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. Harris

Address: McAndrew, Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Daisy Estelle Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton; County: A. A. Co.

Date of death: Month: Apr; Day: 28; 1904; Age: Years: 24; Months; Days

Sex: Female; Color or Race: White; Birthplace: Churchton Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Husband: Robert Odell Hall

Father's Name: Jos. Randall; Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Martha Rogers; Mother's Birthplace: A. A. Co. Md

Name of person giving Imformation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 7 months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Frank M.D.

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A6881

Name in Full: Hannah Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis Md — County: Anne Arundel

Date of death 1904 — Month: April — Day: 2nd

Age — Years: 39 — Months: 9 — Days:

Sex: Female — Color or Race: Color

Birthplace: Prince George Co. Md

Married, Single or Widowed: Married

Occupation: Home wife

Name of Wife or Husband: William Hall

Father's Name: Gabriel Duvall

Father's Birthplace: Prince George Co

Mother's Maiden Name: Elizibeth Duvall

Mother's Birthplace: " " "

Name of person giving information: William T. Hall

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonitis — How long: 9 days

Immediate: Cardiac failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Johnson

Address: 160 Cathedral St. Annapolis Md

Accident or Suicide? —

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Sarah J. Hanson

Died at Town: Mary County: Anne Arundel MARYLAND

Date 1904 Month: April Day: 4, | Age Y. 61 M. Years D. | Native of Maryland | Occupation —

Male ~~White~~ Female Colored ~~Single~~ Married Widow Widower Divorced

Number of children living —

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary: Liver disease — How long sick: 3 months

Immediate: General debility — Accident, Suicide, Homicide

Reported by Thomas H. Brown M.D.

Address Mary. Ann. Arundle. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Child of Daisy Shaw

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death: 1904 — Month: April — Day: 5th — Age: Years: — Months: — Days: 3

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ Name of Wife or ~~Husband~~: Daisy Davis

Father's Name: Willie Gray — Father's Birthplace: Annapolis

Mother's Maiden Name: Daisy Shaw — Mother's Birthplace: Annapolis

Name of person giving information: S — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Rideout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6801S

Name in Full: George W. Holland

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1904 — Month: April — Day: 18 — Years: Age 2 — Months: 2 — Days:

Sex: Male — Color or Race: Colored — Birthplace:

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: W. H. Holland — Father's Birthplace:

Mother's Maiden Name: Rosie Holland — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Four days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A63816

Name in Full Alverta Gertrude

2

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County:

Date of death 1900 — Month: April — Day: 17 — Age — Years: 28 — Months: 4 — Days:

Sex — Color or Race — Birthplace: Calvert

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name — Father's Birthplace: Calvert Co

Mother's Maiden Name — Mother's Birthplace: Calvert Co

Name of person giving Information: John Howard — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Pneumonia — How long: 1 Week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Filed By John A. Brooks

Address

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Marshall Jennings

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: AA

Date of death: 1904 — Month: April — Day: 4th — Age: Years 17 — Months 9 — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: Porter — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred Jennings Deceased — Father's Birthplace: Annapolis

Mother's Maiden Name: Martha Bailey — Mother's Birthplace: Annapolis

Name of person giving information: mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A&M816

Name in Full: Phoebe Jennings

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Eastport — County: Anne Arundel

Date of death 1904: Month: April — Day: 14th — Years: Age about 55 — Months — Days

Sex: Female — Color or Race: African — Birthplace

Married, Single or Widowed: Married — Occupation: Washerwoman

Name of ~~Wife or~~ Husband: Edward Jennings

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving information: Geo. Plowden — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Fibrinous Bronchitis — How long: Don't Know

Immediate: Apnoea — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

~~Accident or Suicide?~~

LIBRARY BUREAU 839515

Name in Full: Mary Theresa Jewell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: April — Day: 9th — Year: 1904 — Age: 50 — Months: May — Days: 9th

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: 26 Cornhill St

Married, Single or Widowed: widowed — Name of Wife or Husband: Mary Theresa Jewell

Father's Name: Ralph Basil — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Brewer — Mother's Birthplace: Annapolis

Name of person giving Information: Elizabeth A. Claude — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic nephritis — How long: one year

Immediate: Uraemia — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes –

Signature of Physician: W. Clement Claude M.D.

Address: 9 St. John St. Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A6381S

Name in Full: Daniel Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: April; Day: 20; Years: Age 49; Months; Days

Sex: Male; Color or Race: Col; Birth place: Annapolis

Occupation: Oysterman; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Emily Johnson

Father's Name: Charles Johnson; Father's Birthplace: A A Co

Mother's Maiden Name: Mary Johnson; Mother's Birthplace: A A Co

Name of person giving In formation: Emely Johnson; How related to deceased: Wife

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Asthma; How long: Months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Eliza A Johnson

Died at: Town: Brooklyn — County: Anne Arundel

Date of death 1904: Month: April — Day: 8 — Age: Years: 71 — Months: 5 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Jerome Johnson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Mallonee — Father's Birthplace: Md

Mother's Maiden Name: Eliza Farrell — Mother's Birthplace: Md

Name of person giving information: Alexander Johnson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns 3rd degree — How long: 16 days

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. H. Robinson

Address: Brooklyn Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Frank Kaloc Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Baltimore; County: Anne Arundel

Date of death: Month: Apr; Day: 7; Years: Age 1; Months: 5; Days: —

Sex: Male; Color or Race: White; Birthplace: So. Balto. Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Kaloc Sr; Father's Birthplace: Austria

Mother's Maiden Name: Mary Kossock; Mother's Birthplace: Bohemia

Name of person giving Imformation: Frank Kaloc Sr; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Pneumonia; How long: 10 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Phyllis B Horton Md

Address: So. Balto. Md

Accident or Suicide?

LIBRARY BUREAU A88019

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Darlen

County:

Date of death 1904 Month: April Day: 11th

Age Years: Months: 9 Days:

Sex: male

Color or Race: African

Birthplace: A A

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Susan Kearse

Mother's Birthplace: A A C

Name of person giving information: Rodnie Kearse

How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 5 days

Immediate: Convulsions

How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Brazeman

Address: Salem Bucks

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: James Thomas Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glen Burnie — County: A A

Date of death: Month: April — Day: 14 — Years: 28 — Months: 6 — Days:

Sex: male — Color or Race: White — Birthplace: A A Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Richard Martin — Father's Birthplace: A A Co

Mother's Maiden Name: Mary Ann Gaither — Mother's Birthplace: A A Co

Name of person giving information: Rich Martin — How related to deceased: Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by wagon upsetting — How long:

Immediate: Inc Fracture Leg — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Glen Burnie

Address: [illegible]

Accident or Suicide? Accident

LIBRARY BUREAU AB0818

Name in Full: Elizabeth Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glen Burnie — County: Anne Arundel — MARYLAND

Date of death: Month: April — Day: 3 — Age: Years: 52 — Months: 3 — Days:

Sex: female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: John Miller

Father's Name: John Smith — Father's Birthplace: Germany

Mother's Maiden Name: Ann ——— — Mother's Birthplace: Germany

Name of person giving Information: John Miller — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Carcinoma of Uterus — How long: 1 year

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: John Wesley Milton

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) Emergency Hospital (County) A. A. Co.

Date of death: 1904 April 14. Age: Years 21. Months 1. Days 25.

Sex: Male. Color or Race: White. Birthplace: Annapolis Md.

Occupation: Laborer. Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Single. Name of Wife or Husband: no

Father's Name: John Milton. Father's Birthplace:

Mother's Maiden Name: Henrietta Sheldon. Mother's Birthplace: Charles Co.

Name of person giving information: Mrs. A. Tyler. How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 9 days

Immediate: Perforation of Bowel — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S. Welch

Address: Annapolis

Accident or Suicide? No

LIBRARY BUREAU A6U316

Name in Full: Elizabeth Offer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Churchton; County: A A

Date of death: Month: Apr; Day: 29; Year: 1904

Age: Years: 78; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: A.A. Co. Md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Alfred Scott

Father's Birthplace: A.A.Co Md

Mother's Maiden Name: Mildred Mullen

Mother's Birthplace: Md

Name of person giving Information: Jacob Gross

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery

How long: 3 weeks

Immediate: Exhaustion

How long: 48 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. T. Smith

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A8651B

Name in Full: Alfonso Aloysius Ogden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County:

Date of death: 1904 April 18

Age: Years: ; Months: ; Days: 14

Sex: male

Color or Race: White

Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: James B. Ogden

Father's Birthplace: Md

Mother's Maiden Name: Julia B. Collinson

Mother's Birthplace: Md

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 1 week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Murphy

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Samuel Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at: Md House of Correction — Jessup — County: Anne Arundel

Date of death: 1901 — Month: 4 — Day: 10 — Age: Years 23 — Months — — Days —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 3 months

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Cannier — Jessup, Md.

Address: Physician in Charge Md House of Correction

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Edmund Quinn

CERTIFICATE OF DEATH

Died at: Town: Md House of Correction-Jessup — County: Anne Arundel — MARYLAND

Date of death: Month: 4 Day: 8 Year: 1904 — Age: Years: 50 Months: 0 Days: —

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long: 2 months

Immediate: Dilated Heart — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. P. Carrico

Address: Jessup Md

Physician in charge Md House of Correction

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: James M Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: Anne Arundel

Date of death 1904 — Month: 4 — Day: 7 — Age — Years: 76 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Painter — Where Residing if not at place of death: Baltimore

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Mary E Richardson

Father's ~~Name~~: Samuel M. Richardson — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Lee — Mother's Birthplace: "

Name of person giving Information: Wm H Richardson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hanging — How long: —

Immediate: Strangulation — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Hawkins Cor

Address: Brooklyn Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Edward Simms

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: April — Day: 25th — Age — Years: 37 — Months — Days

Sex: Male — Color or Race: Col! — Birthplace: Annapolis

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Bettie Spencer

Father's Name: Edward Simms — Father's Birthplace: A.A.Co.

Mother's Maiden Name: — Mother's Birthplace: A.A.Co

Name of person giving Information: William Simms — How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: A short time

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout Hall

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Malinda Stuart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brookeville — County: a a

Date of death: Month: 4 — Day: 2' — Years: Age 112 — Months: — — Days: —

Sex: Female — Color or Race: Col — Birthplace: Va

Occupation — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Dont Know — Father's Birthplace: —

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving Information: Jno Bradley — How related to deceased: Know

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas F. Brooke

Address: Brookeville

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: Richard Taylor

CERTIFICATE OF DEATH

Died at: Near — Town: Elk Ridge — County: Anne Arundel — MARYLAND

Date of death: 1904 April 25th — Age: Years 1 Months 21 Days

Sex: male — Color or Race: Black — Birthplace: Anne Arundel Co

Occupation: none — Where Residing if not at place of death: 0 place of death 2nd

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm Taylor — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Goins — Mother's Birthplace: Maryland

Name of person giving Imformation: Wm Taylor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza & Bronchitis — How long: 3 weeks

Immediate: none — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Maryland

Accident or Suicide? No

LIBRARY BUREAU A88316

Chas. L. R. Earp

Name in Full

Certificate of Death

Harriet Kelly Thomas

Town: Arnigis County: Anne Arundel MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
April	22	70			Md	Housewife

Date 1904 Age

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced

Number of children living none

~~Husband~~ of Wife John Thomas

Father's Name James Kelly

Mother's Maiden Name Don't Know

Cause of Death: Primary Heart disease

Immediate Heart failure

How long sick

Accident, Suicide, Homicide

Reported by Geo H Cranmer MD

Address Arnigis Anne Arundel Co Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Josiah Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marley — County: A A

Date of death: Month: April — Day: 1st — Years: 1904 — Age: 23 — Months: 1 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: African — Birthplace: A A Co

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Martha Spriggs

Father's Name: Alex Thomas — Father's Birthplace: A A Co

Mother's Maiden Name: Martha Johnson — Mother's Birthplace: A A Co

Name of person giving Information: Frank Thomas — How related to deceased: Bro—

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage as the result of — How long:

Immediate: Dr Barbara Slater all I know is — How long:

Contributory: that he died A A Co

Signature of Physician: Thos M Brogden

Address: Glen Burn

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Trott.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jessup's Cor. County: Anne Arundel

Date of death: 1904 Month: April Day: 20 Age: Years: 71 Months: 7 Days: —

Sex: Female Color or Race: White Birthplace: Anne Arundel Co

Occupation: House wife Where Residing if not at place of death: —

Married, Single or Widowed: Maried Name of Wife or Husband: William Trott.

Father's Name: George McCollins Father's Birthplace: Islands

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Wm Trott. How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever How long: 3 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eugene Wilson Zucker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): South River — (County): Anne Arundel

Date of death: 1904 — Month: April — Day: 16

Age: Years — Months — Days: 16

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death: Anne Arundel Co.

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Norman Zucker — Father's Birthplace: Maryland

Mother's Maiden Name: Lucy A. Zquith — Mother's Birthplace: A. A. Co.

Name of person giving Information: Lucy A. Zquith — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 2 days

Immediate: Convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collerson

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A82210

Name in Full: Harriet Spencer Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley — County: Anne Arundel

Date of death: Month: April — Day: 28th — Years: 42 — Months — Days

Sex: Female — Color or Race: African — Birthplace: Anne Arundel Co

Occupation: Housewife — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Maryland Turner

Father's Name: James Spencer — Father's Birthplace: Anne Arundel

Mother's Maiden Name: Harriet Short — Mother's Birthplace: Dont know

Name of person giving Information: Greenberry Spencer — How related to deceased: Bro —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Pregnancy — How long: 8 months

Immediate: Convulsions — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. H. Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Helen Isabel Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pindell; County: Anne Arundel

Date of death: 1904; Month: April; Day: 24; Age: Years 0, Months 7, Days 22

Sex: Female; Color or Race: White; Birthplace: Washington D.C.

Occupation: —; Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: John F. Ward; Father's Birthplace: Washington D.C.

Mother's Maiden Name: Nettie M. Baumann; Mother's Birthplace: Bladensburg Md.

Name of person giving Information: Nettie M. Ward; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 4 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.H. Perrie.

Address: McKendree, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Ella Watkins Welch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenock; County: Anne Arundel

Date of death 1904: Month: April; Day: 7; Age: Years: 22; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: John Scrivner Welch; Father's Birthplace: A.A Co. Md.

Mother's Maiden Name: Lily Owens; Mother's Birthplace: A.A Co. Md

Name of person giving information: John S. Welch; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 5 years

Immediate: Asthaenia; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A.N. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A808816

Name in Full: John Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury; County: Anne Arundel

Date of death: 1904; Month: 4; Day: 2

Age: Years: ; Months: ; Days: 2

Sex: Male; Color or Race: Black; Birthplace: Waterbury

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: John H Williams; Father's Birthplace: Md

Mother's Maiden Name: Martha Brooks; Mother's Birthplace: Millersville

Name of person giving Information: John H Williams; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long:

Immediate: Hemorage of the Stomach; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Dr Boisdell D

Address: Jacobsville Md

Accident or Suicide?

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Name in Full: Meyer Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millhams — County: Anne Arundel

Date of death	Month	Day	Years	Months	Days
1904	April	14	Age	8	02

Sex: Male — Color or Race: Black — Birthplace: Anne Arundel Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Wilson — Father's Birthplace: A A Co Md

Mother's Maiden Name: Fannie Norris — Mother's Birthplace: A A Co Md

Name of person giving Imformation: Robert Wilson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Wilson

Address: Eldridge Md

Accident or Suicide?

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